

Mortgage Loan Assistance Application

PROPERTY INFORMATION

Property Type: 1 Unit (Single Family Residence) Purchase Price: \$ 127,500 Purchase Date: 06/11/1984
Current Assessed Property Value: \$ \$750,000.00 Owner Occupied: Yes Occupancy Type: Primary
Property For Sale: No Real Estate Agent Name: _____ Real Estate Agent Phone #: _____

First Mortgage Lender: GMAC Mortgage Loan Number: 0601741467
Current On Mortgage: _____ Interest Rate 6.000 % Adjustable Loan? No Type of Loan: Fixed Rate
Date of Adjustment: _____ Principal Balance \$ 356,623.00 Monthly Payment \$ 2,248.31

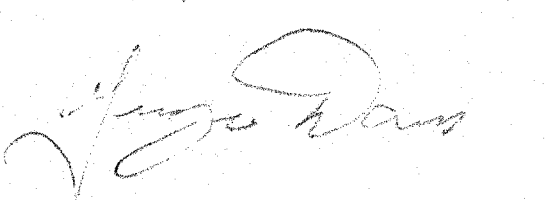
Second Mortgage Lender: _____ Loan Number: _____
Interest Rate _____ % Adjustable Loan? _____ Type of Loan: _____
Date of Adjustment: _____ Principal Balance \$ _____ Monthly Payment \$ _____

MISC

How Did you Hear About Us: Referral (Professional/Friend/Family) Best Time To Call: Evening (6:00pm to 8:00pm)

SIGNATURES OF HOMEOWNER, CO-OWNER(S), SPOUSE OR CIVIL UNION PARTNER:

_____ HOMEOWNER SIGNATURE	<u>George Davis</u> HOMEOWNER NAME (print)	<u>03/02/2012</u> Date
_____ CO-OWNER SIGNATURE	_____ CO-OWNER NAME (print)	_____ Date
_____ CO-OWNER SIGNATURE	<u>Alicia Davis</u> CO-OWNER NAME (print)	<u>03/02/2012</u> Date
_____ SPOUSE OR CIVIL UNION PARTNER (if not a co-owner)	_____ NAME (print)	_____ Date

Sign here


FINANCIAL WORKSHEET

APPLICANT:

George Davis

SPOUSE or CIVIL UNION PARTNER

OTHER PERSON(S) ON DEED

Date: 03/02/2012

Loan # 0601741467

MONTHLY INCOME		MONTHLY GROSS	MONTHLY NET	FOR COUNSELORS ONLY: HOW CALCULATED
NAME	COMPANY/AGENCY			
George Davis	Social Security	\$ 1,520.00	\$ 1,520.00	
Alicia Davis	Social Security	\$ 423.70	\$ 423.70	
		\$ 1,616.00	\$ 1,520.00	
		\$ 453.70	\$ 423.70	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
	Rental Income (if multiple unit home):	\$		
TOTAL MONTHLY INCOME		\$ 2,069.70	\$ 1,943.70	
TOTAL ANNUAL INCOME		\$ 24,836.40		

HOUSING AND OTHER MONTHLY EXPENSES (CREDIT REPORT-RELATED)

MONTHLY HOUSING EXPENSES		
1st Mortgage P & I	\$ 2,248.31	<i>Prin. Balance</i> \$ 356,623.00
Homeowner's Insurance	\$	
Real Estate Taxes	\$ 333.00	
Mortgage Insurance	\$ 0.00	
2nd Mortgage Payment, if any	\$	\$
Homeowners Assn. Fee	\$	
TOTAL HOUSING EXPENSE	\$ 2,581.31	\$ 356,623.00
OTHER MONTHLY EXPENSES		
	\$	<i>Unpaid Balance:</i> \$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
TOTAL OTHER EXPENSES	\$ 0.00	\$ 0.00
TOTAL EXPENSES	\$ 8,682.18	\$ 356,623.00

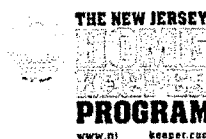
GENERAL EXPENSES AND ASSETS

MONTHLY GENERAL EXPENSES		
Water	\$	
Sewer	\$	
Electricity	\$ 411.00	
Heating	\$ 372.00	
Phone(s)	\$ 30.00	
Cable/Internet	\$ 85.00	
Gas for Car(s)	\$ 410.00	
Car Insurance	\$ 235.00	
Food	\$ 372.20	
Health insurance	\$ 150.67	
Doctor Bills	\$ 2,000.00	
Childcare	\$	
Other: (specify)	\$	
Other: (specify)	\$	
TOTAL GENERAL EXPENSES	\$ 6100.87	
ASSETS		
Checking account(s)	\$ 35.00	Number of Accounts
Savings account(s)	\$	
IRA, 401K, Keogh accounts	\$	
College Fund (529, etc.) accounts	\$	
Stocks/Bonds	\$	Describe
Other Savings/Investments	\$ 0.00	
TOTAL ASSETS	\$ 35.00	

Housing Expense Ratio (using gross income):	\$ 125.00
Total Expense Ratio (using gross income):	\$ 419.00

Sign here →

George Davis



NEW JERSEY HOUSING & MORTGAGE FINANCE AGENCY

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT

In order to enable New Jersey Housing and Mortgage Finance Agency to process and administer my/our New Jersey mortgage loan application for foreclosure prevention assistance, the undersigned hereby authorize and direct any Federal, State, or local agency, housing counseling agency or organization, business, or individual or my/our mortgage lender(s) and whomever has servicing responsibilities for any of my/our existing mortgage loans to share, release, discuss, and otherwise provide to and with each other public and non-public personal information contained in or related to the mortgage loan of the undersigned. This information may include (but is not limited to) the name, address, telephone number, social security number, credit score, income, tax returns, government monitoring information, loss mitigation application status, account balances, program eligibility and payment activity of the undersigned.

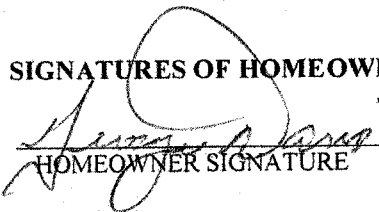
I/we also understand and consent to the disclosure of my/our personal information and the terms of any agreements under the Making Home Affordable or Hardest Hit Fund Programs by mortgage lender(s) and servicer(s) or the New Jersey Housing and Mortgage Finance Agency to the U.S. Department of the Treasury or their agents in connection with their responsibilities under the Emergency Economic Stabilization Act. I/we further understand and agree that the information obtained may be given to and used by New Jersey Housing & Mortgage Finance Agency in administering and enforcing its mortgage loan program rules and policies and to determine the undersigned's eligibility for mortgage loan assistance by the New Jersey Housing and Mortgage Finance Agency.

CONDITIONS

I/we agree that a photocopy of this authorization may be used for the purpose stated above. This form is the authorization from the undersigned to release personal financial and other information necessary for the administration of the mortgage loan program for foreclosure prevention assistance. Failure of any party to sign this form will result in program ineligibility.

PROPERTY ADDRESS: 52 Poor Farm Road
City: Pennington State: NJ Zip: 08534
First Mortgage Loan #: 0601741467
Second Mortgage Loan # (if any): _____

SIGNATURES OF HOMEOWNER, CO-OWNER(S), SPOUSE OR CIVIL UNION PARTNER:

 _____ HOMEOWNER SIGNATURE	<u>George Davis</u> _____ HOMEOWNER NAME (print)	<u>03/02/2012</u> _____ Date
_____ CO-OWNER SIGNATURE	_____ CO-OWNER NAME (print)	_____ Date
_____ CO-OWNER SIGNATURE	_____ CO-OWNER NAME (print)	_____ Date
_____ SPOUSE OR CIVIL UNION PARTNER (if not a co-owner)	_____ NAME (print)	_____ Date
_____ CO-SIGNER (if not a co-owner)	<u>Alicja Davis</u> _____ NAME (print)	<u>03/02/2012</u> _____ Date

↑ ↑
Sign

Loan Number # 0601741467

HARDSHIP LETTER

To whom it may concern,

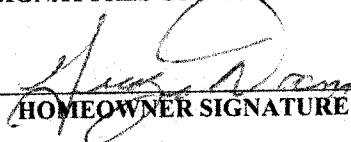
I am writing this letter to explain my unfortunate set of circumstances that have caused us to seek your help with our mortgage. We have done everything in our power to make ends meet but unfortunately we have fallen short and would like you to consider working with us to modify our loan. Our number one goal is to keep our home and we would really appreciate the opportunity to do that.

The main reason that caused us to seek your help is our overall income has decreased as a direct result of a recent loss of employment-related income and we are having difficulty affording the current payment.

We sincerely seek your assistance in reducing our payment, relieving our past due balance, a reduction in principal balance, or defer some payments in order to maintain good standing with you again. We greatly appreciate any help you may be able to provide.

Sincerely,

SIGNATURES OF HOMEOWNER, CO-OWNER(S), SPOUSE OR CIVIL UNION PARTNER:

 HOMEOWNER SIGNATURE	George Davis HOMEOWNER NAME (print)	03/02/2012 Date
_____ CO-OWNER SIGNATURE	_____ CO-OWNER NAME (print)	_____ Date
_____ CO-OWNER SIGNATURE	_____ CO-OWNER NAME (print)	_____ Date
_____ SPOUSE OR CIVIL UNION PARTNER (if not a co-owner)	Alicia Davis NAME (print)	03/02/2012 Date

Sign here ↑

**Making Home Affordable Program
Request For Modification and Affidavit (RMA)**



REQUEST FOR MODIFICATION AND AFFIDAVIT (RMA) page 1 COMPLETE ALL THREE PAGES OF THIS FORM

Loan I.D. Number 0601741467 Servicer GMAC Mortgage

BORROWER		CO-BORROWER	
Borrower's name George Davis		Co-borrower's name	
Social Security number [REDACTED]	Date of birth 8/5/1941	Social Security number	Date of birth
Home phone number with area code (609) 737-0357		Home phone number with area code	
Cell or work number with area code		Cell or work number with area code	

I want to: ☒ Keep the Property ☐ Sell the Property

The property is my: ☒ Primary Residence ☐ Second Home ☐ Investment

The property is: ☒ Owner Occupied ☐ Renter Occupied ☐ Vacant

Mailing address

Property address (if same as mailing address, just write same)
52 Poor Farm Road Pennington NJ 08534

E-mail address
georged365@gmail.com

Is the property listed for sale? ☐ Yes ☒ No

Have you received an offer on the property? ☐ Yes ☐ No

Date of offer _____ **Amount of offer \$** _____

Agent's Name: _____

Agent's Phone Number: _____

For Sale by Owner? ☐ Yes ☐ No

Who pays the real estate tax bill on your property?
☐ I do ☐ Lender does ☐ Paid by condo or HOA

Are the taxes current? ☐ Yes ☐ No

Condominium or HOA Fees ☐ Yes ☐ No **\$** _____

Paid to: _____

Have you filed for bankruptcy? ☐ Yes ☐ No **If yes:** ☐ Chapter 7 ☐ Chapter 13 **Filing Date:** _____

Has your bankruptcy been discharged? ☐ Yes ☐ No **Bankruptcy case number** _____

Additional Liens/Mortgages or Judgments on this property:

Lien Holder's Name/Servicer	Balance	Contact Number	Loan Number

HARDSHIP AFFIDAVIT

I (We) am/are requesting review under the Making Home Affordable program.

I am having difficulty making my monthly payment because of financial difficulties created by (check all that apply):

☒ My household income has been reduced. For example: unemployment, underemployment, reduced pay or hours, decline in business earnings, death, disability or divorce of a borrower or co-borrower.

☐ My monthly debt payments are excessive and I am overextended with my creditors. Debt includes credit cards, home equity or other debt.

☐ My expenses have increased. For example: monthly mortgage payment reset, high medical or health care costs, uninsured losses, increased utilities or property taxes.

☐ My cash reserves, including all liquid assets, are insufficient to maintain my current mortgage payment and cover basic living expenses at the same time.

Other: _____

Explanation (continue on back of page 3 if necessary): _____

REQUEST FOR MODIFICATION AND AFFIDAVIT (FIMA) Page 2 COMPLETION TIME: PAGE 6 OF 7 (15 MIN)

INCOME/EXPENSES FOR HOUSEHOLD Number of People in Household: 2

Monthly Household Income		Monthly Household Expenses/Debt		Household Assets	
Monthly Gross Wages	\$ 0.00	First Mortgage Payment	\$ 2,248.31	Checking Account(s)	\$ 35.00
Overtime	\$	Second Mortgage Payment	\$ 0.00	Checking Account(s)	\$
Child Support / Alimony / Separation ²	\$ 0.00	Insurance	\$ 385.67	Savings/ Money Market	\$ 0.00
Social Security/SSDI	\$ 2,069.70	Property Taxes	\$ 333.00	CDs	\$ 0.00
Other monthly income from pensions, annuities or retirement plans	\$ 0.00	Credit Cards / Installment Loan(s) (total minimum payment per month)	\$ 0.00	Stocks / Bonds	\$ 0.00
Tips, commissions, bonus and self-employed income	\$ 0.00	Alimony, child support payments	\$ 0.00	Other Cash on Hand	\$ 0.00
Rents Received	\$ 0.00	Net Rental Expenses	\$ 0.00	Other Real Estate (estimated value)	\$ 0.00
Unemployment Income	\$ 0.00	HOA/Condo Fees/Property Maintenance	\$ 0.00	Other _____	\$ 0.00
Food Stamps/Welfare	\$ 0.00	Car Payments	\$ 550.00	Other _____	\$
Other (investment income, royalties, interest, dividends etc.)	\$ 0.00	Other _____	\$ 5,165.20	Do not include the value of life insurance or retirement plans when calculating assets (401k, pension funds, annuities, IRAs, Keogh plans, etc.)	
Total (Gross Income)	\$ 2,069.70	Total Debt/Expenses	\$ 8,682.18	Total Assets	\$ 35.00

INCOME MUST BE DOCUMENTED

¹Include combined income and expenses from the borrower and co-borrower (if any). If you include income and expenses from a household member who is not a borrower, please specify using the back of this form if necessary.

²You are not required to disclose Child Support, Alimony or Separation Maintenance income, unless you choose to have it considered by your servicer.

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the federal government in order to monitor compliance with federal statutes that prohibit discrimination in housing. **You are not required to furnish this information, but are encouraged to do so. The law provides that a lender or servicer may not discriminate either on the basis of this information, or on whether you choose to furnish it.** If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, the lender or servicer is required to note the information on the basis of visual observation or surname if you have made this request for a loan modification in person. **If you do not wish to furnish the information, please check the box below.**

BORROWER	<input type="checkbox"/> I do not wish to furnish this information	CO-BORROWER	<input checked="" type="checkbox"/> I do not wish to furnish this information
Ethnicity:	<input type="checkbox"/> Hispanic or Latino <input checked="" type="checkbox"/> Not Hispanic or Latino	Ethnicity:	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race:	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input checked="" type="checkbox"/> White	Race:	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
Sex:	<input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	Sex:	<input type="checkbox"/> Female <input type="checkbox"/> Male

To be completed by interviewer		Name/Address of Interviewer's Employer	
This request was taken by:	Interviewer's Name (print or type) & ID Number	Novadebt	
<input type="checkbox"/> Face-to-face interview <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> Internet	Interviewer's Signature Date	225 Willowbrook Road	
	Interviewer's Phone Number (include area code)	Freehold	
	(866) 472-4557	NJ 07728	

REQUEST FOR MODIFICATION AND AFFIDAVIT (RMA) Page 3

COMPLETE ALL THREE PAGES OF THIS FORM

ACKNOWLEDGEMENT AND AGREEMENT

In making this request for consideration under the Making Home Affordable Program, I certify under penalty of perjury:

1. That all of the information in this document is truthful and the event(s) identified on page 1 is/are the reason that I need to request a modification of the terms of my mortgage loan, short sale or deed-in-lieu of foreclosure.
2. I understand that the Servicer, the U.S. Department of the Treasury, or their agents may investigate the accuracy of my statements and may require me to provide supporting documentation. I also understand that knowingly submitting false information may violate Federal law.
3. I understand the Servicer will pull a current credit report on all borrowers obligated on the Note.
4. I understand that if I have intentionally defaulted on my existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this document, the Servicer may cancel any Agreement under Making Home Affordable and may pursue foreclosure on my home.
5. That: my property is owner-occupied; I intend to reside in this property for the next twelve months; I have not received a condemnation notice; and there has been no change in the ownership of the Property since I signed the documents for the mortgage that I want to modify.
6. I am willing to provide all requested documents and to respond to all Servicer questions in a timely manner.
7. I understand that the Servicer will use the information in this document to evaluate my eligibility for a loan modification or short sale or deed-in-lieu of foreclosure, but the Servicer is not obligated to offer me assistance based solely on the statements in this document.
8. I am willing to commit to credit counseling if it is determined that my financial hardship is related to excessive debt.
9. I understand that the Servicer will collect and record personal information, including, but not limited to, my name, address, telephone number, social security number, credit score, income, payment history, government monitoring information, and information about account balances and activity. I understand and consent to the disclosure of my personal information and the terms of any Making Home Affordable Agreement by Servicer to (a) the U.S. Department of the Treasury, (b) Fannie Mae and Freddie Mac in connection with their responsibilities under the Homeowner Affordability and Stability Plan; (c) any investor, insurer, guarantor or servicer that owns, insures, guarantees or services my first lien or subordinate lien (if applicable) mortgage loan(s); (d) companies that perform support services in conjunction with Making Home Affordable; and (e) any HUD-certified housing counselor.

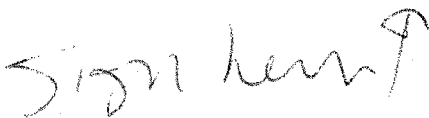

Borrower Signature

03/02/2012

Date

Co-Borrower Signature

Date



TIPS TO BORROWERS

By submitting documents and information you submit to your servicer in connection with the Making Home Affordable Program, you certify that the information provided is true and correct. Any intentional misrepresentation of material fact made in the completion of these documents including but not limited to, hardship circumstances, and/or income, expenses, or assets will subject you to potential legal action, including perjury, false statements, mail fraud, and wire fraud. The information contained in these documents and information you submit to your servicer in connection with the Making Home Affordable Program, including this document you certify, represent and agree that: the information provided to Lender in connection with the Making Home Affordable Program, are true and correct.

If you are aware of, or receive information about, any fraud or illegal activity in connection with the Making Home Affordable Program, please contact the SIGTARP Hotline by calling 1-877-SIG-2009 (toll-free), 202-622-4559 (fax), or www.sig tarp.gov. Mail can be sent to Hotline Office of the Special Inspector General for Troubled Asset Relief Program, 1801 L St. NW, Washington, DC 20220.



Form **4506T-EZ**
(Rev. January 2010)


Short Form Request for Individual Tax Return Transcript

OMB No. 1545-2154

Department of the Treasury
Internal Revenue Service

► Request may not be processed if the form is incomplete or illegible.

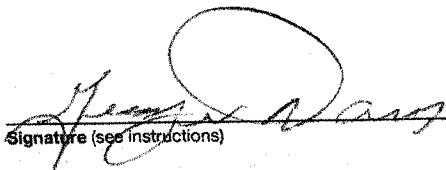
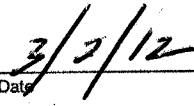
Tip. Use Form 4506T-EZ to order a 1040 series tax return transcript free of charge.

1a Name shown on tax return. If a joint return, enter the name shown first. George Davis		1b First social security number on tax return 
2a If a joint return, enter spouse's name shown on tax return.		2b Second social security number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code		
4 Previous address shown on the last return filed if different from line 3		
5 If the transcript is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.		
Third party name Credit Lenders SVC Agency, 9000 Commerce Pkwy, Ste. A, Mt. Laurel, NJ 08054		Telephone number
Address (including apt., room, or suite no.), city, state, and ZIP code		
6 Year(s) requested. Enter the year(s) of the return transcript you are requesting (for example, "2008"). Most requests will be processed within 10 business days.		

Caution. If the transcript is being mailed to a third party, ensure that you have filled in line 6 before signing. Sign and date the form once you have filled in line 6. Completing these steps helps to protect your privacy.

Note. If the IRS is unable to locate a return that matches the taxpayer identity information provided above, or if IRS records indicate that the return has not been filed, the IRS may notify you or the third party that it was unable to locate a return, or that a return was not filed, whichever is applicable.

Signature of taxpayer(s). I declare that I am the taxpayer whose name is shown on either line 1a or 2a. If the request applies to a joint return, either husband or wife must sign. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of signature date.

Sign Here	 Signature (see instructions)	 Date	Telephone number of taxpayer on line 1a or 2a
	Spouse's signature	Date	

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 54185S

Form **4506T-EZ** (Rev. 01-2010)

Sign here

REQUEST FOR MODIFICATION AND AFFIDAVIT (RMA) Page 9 COMPLETING THESE PAGES OF THIS FORM

ACKNOWLEDGEMENT AND AGREEMENT

In making this request for consideration under the Making Home Affordable Program, I certify under penalty of perjury:

1. That all of the information in this document is truthful and the event(s) identified on page 1 is/are the reason that I need to request a modification of the terms of my mortgage loan, short sale or deed-in-lieu of foreclosure.
2. I understand that the Servicer, the U.S. Department of the Treasury, or their agents may investigate the accuracy of my statements and may require me to provide supporting documentation. I also understand that knowingly submitting false information may violate Federal law.
3. I understand the Servicer will pull a current credit report on all borrowers obligated on the Note.
4. I understand that if I have intentionally defaulted on my existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this document, the Servicer may cancel any Agreement under Making Home Affordable and may pursue foreclosure on my home.
5. That: my property is owner-occupied; I intend to reside in this property for the next twelve months; I have not received a condemnation notice; and there has been no change in the ownership of the Property since I signed the documents for the mortgage that I want to modify.
6. I am willing to provide all requested documents and to respond to all Servicer questions in a timely manner.
7. I understand that the Servicer will use the information in this document to evaluate my eligibility for a loan modification or short sale or deed-in-lieu of foreclosure, but the Servicer is not obligated to offer me assistance based solely on the statements in this document.
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9. I understand that the Servicer will collect and record personal information, including, but not limited to, my name, address, telephone number, social security number, credit score, income, payment history, government monitoring information, and information about account balances and activity. I understand and consent to the disclosure of my personal information and the terms of any Making Home Affordable Agreement by Servicer to (a) the U.S. Department of the Treasury, (b) Fannie Mae and Freddie Mac in connection with their responsibilities under the Homeowner Affordability and Stability Plan; (c) any investor, insurer, guarantor or servicer that owns, insures, guarantees or services my first lien or subordinate lien (if applicable) mortgage loan(s); (d) companies that perform support services in conjunction with Making Home Affordable; and (e) any HUD-certified housing counselor.


Borrower Signature

03/02/2012

Date

Co-Borrower Signature

Date

Sign here

TIPS TO BORROWERS

ly documents and information you submit to your servicer in connection with the Making statement of material fact made in the completion of these documents including but not a, hardship circumstances, and/or income, expenses, or assets will subject you to potential perjury, false statements, mail fraud, and wire fraud. The information contained in these ing this document you certify, represent and agree that: provided to Lender in connection with the Making Home regarding my eligibility for the program, are true and correct."

If you are aware of fraud, misrepresentations affiliated with the Troubled Asset Relief Program, please contact the SIGTARP Hotline by calling 1-877-SIG-2009 (toll-free), 202-622-4559 (fax), or www.sigtar.gov. Mail can be sent to Hotline Office of the Special Inspector General for Troubled Asset Relief Program, 1801 L St. NW, Washington, DC 20220.



REQUEST FOR MODIFICATION AND AFFIDAVIT (RMA) Page 2 COMMENT ALL THREE PAGES OF THIS FORM

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Monthly Household Income		Monthly Household Expenses/Debt		Household Assets	
Monthly Gross Wages	\$ 0.00	First Mortgage Payment	\$ 2,248.31	Checking Account(s)	\$ 35.00
Overtime	\$	Second Mortgage Payment	\$ 0.00	Checking Account(s)	\$
Child Support / Alimony / Separation ²	\$ 0.00	Insurance	\$ 385.67	Savings/ Money Market	\$ 0.00
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Rents Received	\$ 0.00	Net Rental Expenses	\$ 0.00	Other Real Estate (estimated value)	\$ 0.00
Unemployment Income	\$ 0.00	HOA/Condo Fees/Property Maintenance	\$ 0.00	Other _____	\$ 0.00
Food Stamps/Welfare	\$ 0.00	Car Payments	\$ 550.00	Other _____	\$
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Total (Gross Income)	\$ 2,069.70	Total Debt/Expenses	\$ 8,682.18	Total Assets	\$ 35.00

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BORROWER	<input type="checkbox"/> I do not wish to furnish this information	CO-BORROWER	<input checked="" type="checkbox"/> I do not wish to furnish this information
Ethnicity:	<input type="checkbox"/> Hispanic or Latino <input checked="" type="checkbox"/> Not Hispanic or Latino	Ethnicity:	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race: <i>part 1</i>	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input checked="" type="checkbox"/> White	Race:	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
Sex:	<input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	Sex:	<input type="checkbox"/> Female <input type="checkbox"/> Male

To be completed by interviewer		Name/Address of Interviewer's Employer	
This request was taken by:	Interviewer's Name (print or type) & ID Number		
<input type="checkbox"/> Face-to-face interview	Georgene DeAndrea	Novadebt	
<input type="checkbox"/> Mail	Interviewer's Signature _____	225 Willowbrook Road	
<input type="checkbox"/> Telephone	Interviewer's Phone Number (include area code)	Freehold	
<input checked="" type="checkbox"/> Internet	(866) 472-4557	NJ 07728	



HOUSING COUNSELING AGENCY

AUTHORIZATION FOR RELEASE OF INFORMATION

Housing Counseling Agency: Novadebt

Agency Address: 225 Willowbrook Road Freehold ,NJ 07728

CONSENT

I/we authorize that the Housing Counseling Agency (hereinafter "Housing Counseling Agency") named above and its representatives to speak with the New Jersey Housing and Mortgage Finance Agency and my/our lender and whomever has servicing responsibilities for my/our loan and to provide to such parties documentation on my/our behalf regarding my/our loan application for assistance from the New Jersey Housing and Mortgage Finance Agency.

I/we also authorize the lender and/or servicer handling my/our loan to discuss my/our loan with Housing Counseling Agency, including notification of loan modification status or future default or delinquency.

Housing Counseling Agency agrees to maintain the confidentiality of homeowner(s) information; however, I/we also authorize Housing Counseling Agency and/or lender and/or servicer handling my/our loan to submit my/our personal information to the entities funding this program or their agents for the exclusive purposes of program evaluation and monitoring.

I/we further authorize Housing Counseling Agency and/or lender and/or servicer handling my/our loan to access my/our credit report file(s) for debt/expense verification in conjunction with my/our foreclosure counseling or qualification for assistance through the New Jersey Housing and Mortgage Finance Agency.

SIGNATURES OF HOMEOWNER, CO-OWNER(S), SPOUSE OR CIVIL UNION PARTNER:

_____ HOMEOWNER SIGNATURE	George Davis _____ HOMEOWNER NAME (print)	_____ SOCIAL SECURITY #	03/02/2012 _____ Date
_____ CO-OWNER SIGNATURE	_____ CO-OWNER NAME (print)	_____ SOCIAL SECURITY #	_____ Date
_____ CO-OWNER SIGNATURE	_____ CO-OWNER NAME (print)	_____ SOCIAL SECURITY #	_____ Date
_____ SPOUSE OR CIVIL UNION PARTNER (if not a co-owner)	Aligia Davis _____ NAME (print)	_____ SOCIAL SECURITY #	_____ Date

here T



NEW JERSEY HOUSING AND MORTGAGE FINANCE AGENCY

PRIVACY POLICY

The New Jersey Housing and Mortgage Finance Agency is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your "nonpublic personal information," such as your total debt information, income, living expenses and personal information concerning your financial circumstances, will be provided to creditors, program monitors, and others only with your authorization and signature on the Authorization for Release of Information. We may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs.


Types of information that we gather about you

- Information that we receive from you orally, on applications or other forms, such as your name, address, social security number, assets and income;
- Information about your transactions with us, your creditors, or others, such as your account balance, payment history, parties to transactions and credit card usage; and
- Information we receive from a credit reporting agency, such as your credit history.

Release of your information to third parties

- We may disclose some or all of the information that we collect, as described above, to your creditors or third parties where we have determined that it would be helpful to you, would aid us in counseling you, or is a requirement of the federal assistance funding this program.
- We may also discuss any nonpublic information about you or former customers to anyone as required by law (e.g. if we are compelled by legal process).
- Within the organization, we restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal and state regulations to guard your nonpublic personal information.

SIGNATURES OF HOMEOWNER, CO-OWNER(S), SPOUSE OR CIVIL UNION PARTNER:

 HOMEOWNER SIGNATURE	George Davis HOMEOWNER NAME (print)	03/02/2012 Date
_____ CO-OWNER SIGNATURE	_____ CO-OWNER NAME (print)	_____ Date
_____ CO-OWNER SIGNATURE	_____ CO-OWNER NAME (print)	_____ Date
_____ SPOUSE OR CIVIL UNION PARTNER (if not a co-owner)	Alicia Davis NAME (print)	03/02/2012 Date

here 



HARDSHIP AFFIDAVIT
New Jersey Housing and Mortgage Finance Agency

Homeowner's Name (first, middle, last): George Davis

Date of Birth: 8/5/1941

PROPERTY STREET ADDRESS: 52 Poor Farm Road

PROPERTY CITY: Pennington STATE: NJ ZIP: 08534

Co-Owner Name: _____

Date of Birth: _____

Co-Owner Name: _____

Date of Birth: _____

Spouse or Civil Union Partner (if not co-owner): _____

Date of Birth: _____

This is to attest that one of the following hardships explains the reason I/we have applied for mortgage loan assistance from the New Jersey Housing and Mortgage Finance Agency:

Household income has been reduced or lost. For example: unemployment, underemployment, reduced job hours, reduced pay or a decline in self-employed business earnings. Details are provided under "Hardship Explanation." Check the applicable answer: ☒ Yes ☐ No

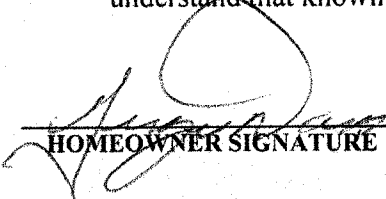
OR

There are other reasons I/we cannot make our mortgage payments. Details are provided below under "Hardship Explanation." Check the applicable answer: ☐ Yes ☐ No

Acknowledgements:

1. Under penalty of perjury, I/we certify that all of the information in this affidavit is truthful and the event(s) identified above has/have contributed to my/our need to apply for mortgage loan assistance and/or to modify the terms of my/our mortgage loan.
2. I/we understand and acknowledge that the New Jersey Housing and Mortgage Finance Agency and/or its agents may investigate the accuracy of my/our statements, may require

- me/us to provide supporting documentation, and that knowingly submitting false information may violate Federal and/or state law.
3. I/we certify that I/we have not been convicted within the last ten (10) years of any of the following in connection with a mortgage or real estate transaction: (a) felony larceny, theft, fraud or forgery; (b) money laundering; or (c) tax evasion. This information is requested by the federal government in accordance with the Dodd-Frank Wall Street Reform and Consumer Protection Act (Pub. L. 111-203).
 4. I/we understand New Jersey Housing and Mortgage Finance Agency and/or its agents will pull a current credit report on all applicants for assistance.
 5. I/we understand that if I/we have intentionally defaulted on my/our existing mortgage, engaged in fraud or misrepresented any facts in connection with this Hardship Affidavit, or if I/we do not provide all of the required documentation, I may not qualify for assistance from the New Jersey Housing and Mortgage Finance Agency.
 6. I/we certify that my/our property is owner-occupied and I/we have not received a condemnation notice.
 7. I/we certify that I/we am/are willing to provide all requested documents and to respond to all communication in a timely manner. I/we understand that time is of the essence.
 8. I/we understand that the New Jersey Housing and Mortgage Finance Agency and/or its agents will use this information to evaluate my/our eligibility for assistance, but the New Jersey Housing and Mortgage Finance Agency and its agents are not obligated to offer me/us assistance based solely on the representations in this affidavit.
 9. I/we authorize and consent to the New Jersey Housing and Mortgage Finance Agency and/or its agents disclosing to the U.S. Department of Treasury or other government agency, Fannie Mae and/or Freddie Mac information provided by me/us or retained by the New Jersey Housing and Mortgage Finance Agency and/or its agents in connection with my/our mortgage loan assistance application/file.
 10. In making this certification, I/we certify under penalty of perjury that all of the information in this document is truthful and that I/we understand that the loan servicer, the New Jersey Housing and Mortgage Finance Agency, the State of New Jersey, the U.S. Department of Treasury, or their agents, may investigate the accuracy of my statements by performing routine background checks, including automated searches of federal, state and county databases, to confirm the information I have provided in my application and to confirm the statements I/we have attested to in this affidavit. I/we also understand that knowingly submitting false information may violate Federal law..


HOMEOWNER SIGNATURE

George Davis
HOMEOWNER NAME (print)

03/02/2012
Date

CO-OWNER SIGNATURE

CO-OWNER NAME (print)

Date

CO-OWNER SIGNATURE

CO-OWNER NAME (print)

Date

SPOUSE OR CIVIL UNION PARTNER
(if not a co-owner)

Alicja Davis
NAME (print)

03/02/2012
Date

Sign here

ANATION (previously prepared Hardship Letter)

HARDSHIP EXPLANATION:


To whom it may concern,

I am writing this letter to explain my unfortunate set of circumstances that have caused us to seek your help with our mortgage. We have done everything in our power to make ends meet but unfortunately we have fallen short and would like you to consider working with us to modify our loan. Our number one goal is to keep our home and we would really appreciate the opportunity to do that.

The main reason that caused us to seek your help is our overall income has decreased as a direct result of a recent loss of employment-related income and we are having difficulty affording the current payment.

We sincerely seek your assistance in reducing our payment, relieving our past due balance, a reduction in principal balance, or defer some payments in order to maintain good standing with you again. We greatly appreciate any help you may be able to provide.

Sincerely,

 _____ HOMEOWNER SIGNATURE	George Davis _____ HOMEOWNER NAME (print)	03/02/2012 _____ Date
_____ CO-OWNER SIGNATURE	_____ CO-OWNER NAME (print)	_____ Date
_____ CO-OWNER SIGNATURE	_____ CO-OWNER NAME (print)	_____ Date
_____ SPOUSE OR CIVIL UNION PARTNER (if not a co-owner)	Alicia Davis _____ NAME (print)	03/02/2012 _____ Date

Sign here 9



**DISCLOSURE STATEMENT OF HOUSING COUNSELING SERVICES
AND FINANCIAL RELATIONSHIPS**

Novadebt, a Garden State Consumer Credit Counseling Organization, is a 501 (c) (3) nonprofit, financial management service agency. Nationally, we provide a wide range of services including six core services which include Budget Counseling, Financial Education, Debt Management Program, Personal Financial Program, Bankruptcy Pre-petition Counseling (including Pre-discharge Education) and Housing Counseling including Pre-purchase/Homebuyer Education, Default/Foreclosure Prevention and Reverse Mortgage counseling.

Novadebt staff is departmentalized according to the type of counseling provided. As such, counselors who provide housing counseling do not provide Debt Management counseling nor do they provide Bankruptcy counseling and education.

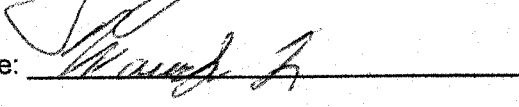
Our housing counseling services are paid for by donations and fees from various sources, including mortgage lenders, servicers, government agencies and other non-profit organizations. We are a neutral third party providing housing counseling services and have built alliances with other organizations in order to provide extended resources to those whom we counsel. They include:

- Homeownership Preservation Foundation
- NeighborWorks America
- Freddie Mac, Fannie Mae, and other Mortgage Investors
- Mortgage Servicers
- U.S. Department of Housing and Urban Development
- New Jersey Department of Banking and Insurance
- New Jersey Housing and Mortgage Finance Agency
- Texas Foreclosure Prevention Task Force
- Texas State Affordable Housing Corporation
- Rural Community Assistance Corporation
- California Housing Finance Agency

Novadebt's primary focus is to ensure the consistent delivery of high quality services to our clients. The above noted alliances aid us in this effort. You are not obligated to receive any other services offered by our organization or our partners.

Your signature below represents your acknowledgment of receipt and acceptance of Novadebt's Disclosure Statement.

Name: 

Date: 

Sign here ↑

a Email

Loan Information Pg 17 of 23
 GMAC Mortgage, LLC ("GMACM") Account Number: 601741467
 Green Tree Servicing LLC ("Green Tree") New Account Number: 622569895

Dear George Davis:

Welcome to Green Tree. The servicing of your mortgage loan – that is, the right to collect loan payments from you – is being transferred from GMACM to Green Tree effective February 1, 2013. The servicing transfer does not affect any terms or condition of your current mortgage loan, other than the terms directly related to the servicing of your loan. You can mail your payments directly to Green Tree at the following address: **Green Tree Servicing LLC, PO Box 94710, Palatine, IL 60094 - 4710.**

Green Tree will begin posting payments to your account on or about February 14, 2013. If your payment was received by Green Tree or GMACM prior to the posting date, we will apply your payment as of the day that it was received and no late fee will be assessed to your account.*

You should be receiving your first statement from Green Tree by mail the week of February 18, 2013. If you have any questions about the transfer of your mortgage loan servicing to Green Tree, we encourage you to visit:

www.gtservicing.com/welcome

There you can register to securely access your account online, make a payment, establish a recurring electronic mortgage loan payment and obtain answers to frequently asked questions.

We are pleased to have you as a new customer. The following pages include more detailed information about our services, including details about payoff requests, and insurance loss payee information. Please keep this documentation for future reference. Should you ever need additional account information, please visit our website at GTServicing.com, or contact customer service toll-free at 1-800-643-0202, or write to Green Tree Customer Service, PO Box 6172, Rapid City, SD 57709-6172.

At Green Tree, we build relationships that work and we look forward to providing you with quality service for years to come.

Respectfully,

Green Tree
 New Servicer Effective 2-1-2013

This communication is from a debt collector. It is an attempt to collect a debt, and any information obtained will be used for that purpose.

* Please note: If you participate in Automatic Clearing House payments (also known as Auto Pay), this program will continue without interruption. If you were previously using GMACM website to schedule your on-line payments this program will cancel as of February 1, 2013. You can easily make an electronic payment or reestablish a recurring automatic loan payment on our website: GTServicing.com.

relationships that work

green tree

Detach and return this portion with remittance

-Please make checks payable to Green Tree-
ACCOUNT NUMBER 622569895

Receipt of a personal check is authorization to collect payment electronically.

TOTAL ENCLOSED \$, .

Enter total amount of payment enclosed

George Davis
 Poor Farm Road
 Livingston NJ 08534-3801

GREEN TREE
 PO BOX 94710
 PALATINE IL 60094-4710



Copy of check
mailed to
Green Tree. was
returned David W.
said all or nothing.

CHARLES F. HARRIS
ATTORNEY TRUST ACCOUNT
41 LEXINGTON DRIVE
PENNINGTON, NJ 08534

1077

55-2-212

DATE 2/21/2013

PAY
TO THE
ORDER OF

Green Tree

\$ 2,248.31

Two thousand Two Hundred Forty Eight + 31/100

DOLLARS



WACHOVIA
Wachovia Bank, N.A.
wachovia.com

FOR DEPOSIT NO: 622569895 (DAVIS)

[Signature]

⑈00001077⑈ ⑆021200025⑆2000018097443⑈

Sincerely,

Green Tree

1-800-643-0202

Monday - Friday 7 a.m. to 8 p.m., and Saturday 7 a.m. to 1 p.m. CST

This communication is from a debt collector. It is an attempt to collect a debt, and any information obtained will be used for that purpose.



0440982 000004981 090051 3 of 3

Green Tree Servicing LLC
P.O. Box 6172
Rapid City, SD 57709-6172

+ 0440982 000004981 096C51 - 0925864

GEORGE DAVIS
52 POOR FARM RD
PENNINGTON NJ 08534-3801



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green tree

+ 0416211 000013905 096005 0061331 SP0C

GEORGE DAVIS
52 POOR FARM RD
PENNINGTON NJ 08534-3801



2/10/2013

Re: Green Tree Servicing LLC* ("Green Tree")
Account Number: 622569895
Property Address: 52 POOR FARM RD
PENNINGTON NJ 08534

Dear George Davis:

Green Tree would like to notify you of your assigned account representative, effective 2/10/2013. If you have any questions concerning your account, please contact your account representative Emily C. at 800-643-0202, extension 66163.

You may also view your account information at www.gtservicing.com. If you have any questions regarding this letter, please call or write to the above-referenced phone number and address.

We look forward to continuing to serve you.

Sincerely,

Green Tree

* Green Tree Servicing LLC and related entities, including, for certain accounts, in Pennsylvania, Green Tree Consumer Discount Company.

This communication is from a debt collector. It is an attempt to collect a debt, and any information obtained will be used for that purpose.

GMAE

New mortgage Company that would not talk to us
Wants all the money and only will take with a
lawyer.

Principal Balance: 12/20/2010 Doc 4810-2 Filed 08/22/13 Entered 08/23/13 09:09:25 Exhibit 2).
Current Interest Rate: 6.75%
Monthly Payment Amount¹: \$2,248.31
Principal Payment Amount: \$532.25
Interest Payment Amount: \$1,716.06
Escrow Balance: \$0.00
Escrow Payment Amount: \$0.00
Payment Due: 11/01/2010

Interest Calculation method is Scheduled Interest Calculation. ¹Please refer to your billing statement for any future possible changes to this payment amount.

Your new servicer will be Green Tree. The business address for your new servicer is: PO Box 6172, Rapid City, SD 57709-6172. To ensure timely posting of your payments, please send payments to the address indicated below.

If you have any questions relating to the transfer of servicing to your new servicer, call Customer Service toll free at 1-800-643-0202 between 7:00 a.m. and 8:00 p.m. CST, Monday through Friday or between 7:00 a.m. and 1:00 p.m. CST, on Saturday.

The date that your present servicer will stop accepting payments from you is January 31, 2013. The date that your new servicer will start accepting payments from you is February 1, 2013. **SEND ALL PAYMENTS DUE ON OR AFTER FEBRUARY 1, 2013 TO YOUR NEW SERVICER:**

**Green Tree Servicing LLC
PO Box 94710
Palatine, IL 60094 - 4710**

The transfer of servicing will affect the terms of or the continued availability of any other mortgage life or disability insurance or other types of optional insurance products or optional products. You will need to contact the company directly for continued coverage or enrollment.

NOTICE ABOUT YOUR RIGHTS

You should be aware of the following information, which is set out in more detail in Section 6 of the Real Estate Settlement Procedures Act ("RESPA") (12 U.S.C. §2605):

During the 60 day period following the effective date of the transfer of the loan servicing, a loan payment received by your present servicer before its due date may not be treated by your new servicer as late, and a late fee may not be imposed on you.

Section 6 of RESPA (12 U.S.C. §2605) gives you certain consumer rights. If you send a "qualified written request" to your loan servicer concerning the servicing of your loan, your servicer must provide you with a written acknowledgement within 20 Business Days of receipt of your request. A "qualified written request" is a written correspondence, other than notice on a payment coupon or other payment medium supplied by the servicer, which includes your name and account number, and your reasons for the request. If you want to send a "qualified written request" regarding the servicing of your loan to your new servicer, it must be sent to this address: Green Tree, PO Box 6176, Rapid City, SD 57709-6176.

Not later than 60 Business Days after receiving your request, your servicer must make any appropriate corrections to your account, and must provide you with a written clarification regarding any dispute. During this 60 Business Day period, your servicer may not provide information to a consumer reporting agency concerning any overdue payment related to such period or qualified written request. However, this does not prevent the servicer from initiating foreclosure if proper grounds exist under the mortgage documents.

A Business Day is a day on which the offices of the business entity are open to the public for carrying on substantially all of its business functions.

Section 6 of RESPA also provides for damages and costs for individuals or classes of individuals in circumstances where servicers are shown to have violated the requirements of that Section. You should seek legal advice if you believe your rights have been violated.

As your future servicer, we at Green Tree look forward to serving you.

Defaulted Account Notice: If your account was in default at the time servicing rights were transferred to Green Tree, please note that this is an attempt to collect a debt and any information obtained may be used for that purpose.

This communication is from a debt collector. It is an attempt to collect a debt, and any information obtained will be used for that purpose.

12-12020-mg
Green Tree Servicing LLC
PO BOX 6172
Rapid City, SD 57709-6172

Doc 4810-2 Filed 08/22/13
Loan Information

Entered 08/23/13 09:09:25 Exhibit 2).
Pg 23 of 23

relationships that work

green tree

+ 0420650 000000288 096005 0061331 SP0C

GEORGE DAVIS
52 POOR FARM RD
PENNINGTON NJ 08534-3801



3/13/2013

Re: Green Tree Servicing LLC* ("Green Tree")
Account Number: 622569895
Property Address: 52 POOR FARM RD
PENNINGTON NJ 08534

Dear George Davis:

Green Tree would like to notify you of your assigned account representative, effective 3/13/2013. If you have any questions concerning your account, please contact your account representative David W. at 800-643-0202, extension 66164.

You may also view your account information at www.gtservicing.com. If you have any questions regarding this letter, please call or write to the above-referenced phone number and address.

We look forward to continuing to serve you.

Sincerely,

Green Tree

*Note: Called spoke to David W.
He said pay all or nothing and wanted
to speak to our lawyer only.*

* Green Tree Servicing LLC and related entities, including, for certain accounts, in Pennsylvania, Green Tree Consumer Discount Company.

This communication is from a debt collector. It is an attempt to collect a debt, and any information obtained will be used for that purpose.